Complete Summary

GUIDELINE TITLE

HIV screening in pregnancy.

BIBLIOGRAPHIC SOURCE(S)

Keenan-Lindsay L, Yudin MH, Boucher M, Cohen HR, Gruslin A, MacKinnon CJ, Money DM, Paquet C, Steben M, van Schalkwyk J, Wong T, Maternal Fetal Medicine Committee, Society of Obstetricians and Gynaecologists of Canada. HIV screening in pregnancy. J Obstet Gynaecol Can 2006 Dec;28(12):1103-7. [35 references] PubMed

GUIDELINE STATUS

This is the current release of the guideline.

COMPLETE SUMMARY CONTENT

SCOPE

DISEASE/CONDITION(S)

Human immunodeficiency virus (HIV) infection in pregnancy

GUIDELINE CATEGORY

Counseling
Evaluation
Prevention
Risk Assessment
Screening

CLINICAL SPECIALTY

Infectious Diseases
Internal Medicine
Obstetrics and Gynecology
Pediatrics
Preventive Medicine

INTENDED USERS

Health Care Providers
Patients
Physicians
Public Health Departments

GUIDELINE OBJECTIVE(S)

- To provide recommendations to obstetric health care providers and to minimize practice variations for human immunodeficiency virus (HIV) screening, while taking provincial and territorial recommendations into account
- To provide health care providers and pregnant women with information about HIV screening in pregnancy

TARGET POPULATION

Pregnant women

INTERVENTIONS AND PRACTICES CONSIDERED

1. Human immunodeficiency virus (HIV) screening
2. Individualized counseling if indicated
3. HIV prophylaxis for women at high risk and unknown status
4. Postpartum infant prophylaxis if indicated
5. Follow-up of HIV-positive women

MAJOR OUTCOMES CONSIDERED

- Vertical transmission of human immunodeficiency virus (HIV) infection rate
- Seroprevalence rate
- HIV screening rate

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

The Cochrane Library and Medline were searched for English-language articles published related to human immunodeficiency virus (HIV) screening and

pregnancy. Additional articles were identified through the references of these articles. All study types were reviewed.

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Weighting According to a Rating Scheme (Scheme Given)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Quality of Evidence Assessment*

I: Evidence obtained from at least one properly randomized controlled trial

II-1: Evidence from well-designed controlled trials without randomization

II-2: Evidence from well-designed cohort (prospective or retrospective) or case-control studies, preferably from more than one centre or research group

II-3: Evidence obtained from comparisons between times or places with or without the intervention. Dramatic results in uncontrolled experiments (such as the results of treatment with penicillin in the 1940s) could also be included in this category

III: Opinions of respected authorities, based on clinical experience, descriptive studies, or reports of expert committees

*Adapted from the Evaluation of Evidence criteria described in the Canadian Task Force on Periodic Health Exam.

METHODS USED TO ANALYZE THE EVIDENCE

Systematic Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Classification of Recommendations*

A. There is good evidence to support the recommendation that the condition be specifically considered in a periodic health examination.
B. There is fair evidence to support the recommendation that the condition be specifically considered in a periodic health examination.
C. There is poor evidence regarding the inclusion or exclusion of the condition in a periodic health examination.
D. There is fair evidence to support the recommendation that the condition not be considered in a periodic health examination.
E. There is good evidence to support the recommendation that the condition be excluded from consideration in a periodic health examination.

*Adapted from the Evaluation of Evidence criteria described in the Canadian Task Force on Periodic Health Exam.

COST ANALYSIS

Guideline developers reviewed published cost analyses.

METHOD OF GUIDELINE VALIDATION

Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

This guideline has been reviewed by the Maternal Fetal Medicine Committee and approved by the Executive and Council of the Society of Obstetricians and Gynaecologists of Canada.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Definitions of the levels of evidence (I, II-1, II-2, II-3, and III) and grades of recommendations (A-E) are provided at the end of the "Major Recommendations" field.

Counselling

1. All pregnant women should have human immunodeficiency virus (HIV) screening with appropriate counselling. This testing must be voluntary. Screening should be considered a standard of care, although women must be informed of the policy, its risks and benefits, and the right of refusal. Women must not be tested without their knowledge. (**II-2 B**)
2. Pre-test counselling and the patient's decision about testing should be documented in the patient's chart. (**III-B**)
3. Women who decline screening should still have concerns discussed and should continue to receive optimum antenatal care. (**III-C**)

When to Provide Screening

4. Women should be offered HIV screening at their first prenatal visit. (**I-A**)
5. Women who test negative for HIV and continue to engage in high-risk behaviour should be retested in each trimester of pregnancy. (**II-3 B**)
6. Women with no prenatal care and unknown HIV status should be offered testing when admitted to hospital for labour and delivery. Women at high risk for HIV and with unknown status should be offered HIV prophylaxis in labour, and HIV prophylaxis should be given to the infant post partum. (**III-B**)

Appropriate Follow-Up

7. Women who test positive for HIV should be followed by practitioners who are knowledgeable in the care of HIV-positive women. (**III-C**)

Definitions:

Quality of Evidence Assessment*

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Classification of Recommendations*

A. There is good evidence to support the recommendation that the condition be specifically considered in a periodic health examination.
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C. There is poor evidence regarding the inclusion or exclusion of the condition in a periodic health examination.
D. There is fair evidence to support the recommendation that the condition not be considered in a periodic health examination.
E. There is good evidence to support the recommendation that the condition be excluded from consideration in a periodic health examination.

*The quality of evidence reported in these guidelines has been adapted from the Evaluation of Evidence criteria described in the Canadian Task Force on the Periodic Health Exam.

**Recommendations included in these guidelines have been adapted from the Classification of Recommendations criteria described in the Canadian Task Force on the Periodic Health Exam.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is identified and graded for each recommendation (see "Major Recommendations").

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

- Decrease in the rate of vertical transmission of human immunodeficiency virus (HIV) from mother to fetus
- Confirmation of HIV infection in the woman, which allows optimization of her health and long-term management

POTENTIAL HARMS

Not stated

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

This guideline reflects emerging clinical and scientific advances as of the date issued and is subject to change. The information should not be construed as dictating an exclusive course of treatment or procedure to be followed. Local institutions can dictate amendments to these opinions. They should be well documented if modified at the local level.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Living with Illness
Staying Healthy

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

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ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2006 Dec

GUIDELINE DEVELOPER(S)

Society of Obstetricians and Gynaecologists of Canada - Medical Specialty Society

SOURCE(S) OF FUNDING

Society of Obstetricians and Gynaecologists of Canada

GUIDELINE COMMITTEE

Infectious Disease Committee

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

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FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline.

GUIDELINE AVAILABILITY

Electronic copies: Available in Portable Document Format (PDF) from the Society of Obstetricians and Gynaecologists of Canada Web site.

Print copies: Available from the Society of Obstetricians and Gynaecologists of Canada, La société des obstétriciens et gynécologues du Canada (SOGC) 780 promenade Echo Drive Ottawa, ON K1S 5R7 (Canada); Phone: 1-800-561-2416

AVAILABILITY OF COMPANION DOCUMENTS

None available

PATIENT RESOURCES

None available

NGC STATUS

This NGC summary was completed by ECRI Institute on February 10, 2009. The information was verified by the guideline developer on March 4, 2009.

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